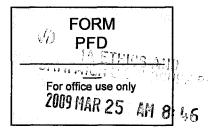
Mail to: IECDB

510 East 12th, Suite 1A Des Moines, Iowa 50319 Or Fax: (515)281-4073





Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 - Chapter 7.

Personal Financial Disclosure Statement
Name: Penelope H. Wills
Please type or print legibly
Agency or department: Northeast Iowa Community College
Position held: President
Statewide office sought (non-incumbent candidates only):
This statement is for Calendar Year 20_08. Check if this is an amended statement. This statement is required to cover the calendar year preceding the year the report is due.
General instructions: Complete each of Parts A, B, and C below. Attach additional pages if necessary.
* * * * * * * * * * * * * * * * * * * *
Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer. If you were not employed by anyone other than the agency and for the position held above check here.
1
2
Part B. Income sources of more than \$1,000. In the categories below list each source from which you received more than \$1000 in gross annual income during the previous calendar year. The amount or value of the holding is not required to be listed. This includes the total amount of any income received jointly with one or more persons exceeding \$1000. Do not report income received solely by your spouse or other family members. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. If you have nothing to report under Part B check here.
1. Securities. List any company in which you owned securities
1
2

ome such as certificates of deposit or savings accounts.	The state of the s
Trusts. State the nature or type of the trusts.	
	
Real Estate . List the nature of real estate interests including from the selling of property. Do not list the location,	
Retirement Systems. List the name of the employer/sp	ponsor of any retirement benefit system.
Sales to political subdivisions. List any sales of a good te if a commission from the sale was received.	•
Other. List other sources of annual gross income not reproses.	
art C. Certified Signature.	
I certify that this statement is true and accurate to the subject to potential civil and criminal penalties for failing	
file this statement by the required due date.	
L. OXI wills	3-24-19
(Signature of person filing statement)	(Date)
(or Principle Persons strong personsions)	()